

Application to Become a Mentee

Date Application Handed In: ____/____/____

General Information

Name: _____
(First) (Middle) (Last)

Email: _____

Address: _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact Information

Primary Emergency Contact: _____
(First name) (Last name)

Relationship to you (Please Check One)

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent | |

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Secondary Emergency Contact: _____
(First name) (Last name)

Relationship to you (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent | |

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

More Information About You

Birthdate: ____/____/____
(Month) (Date) (Year)

Gender: (circle one) male female

Race: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian | |

Family Structure: (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Single-Parent Family |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Two-Parent Family |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kinship Care (ex. Aunt, Uncle) | |

Family Household Income: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> <10,000 | <input type="checkbox"/> 75,000-99,999 |
| <input type="checkbox"/> 10,000-24,999 | <input type="checkbox"/> 100,000-149,999 |
| <input type="checkbox"/> 25,000-49,999 | <input type="checkbox"/> >150,000 |
| <input type="checkbox"/> 50,000-74,999 | |

Primary Language: (circle one) English Spanish Other

Secondary Language: (circle one) English Spanish Other

Primary Religion: (please check one)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Non/Atheist |

Sexual Orientation: (please check one)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Lesbian | |

Have you received any kind of counseling: (circle one) No Yes

Counseling Start Date: ____/____/____ Counseling End Date: ____/____/____
(Month) (Year) (Month) (Year)

I am available to meet: (please check all that apply)

- ☐ Before school
- ☐ AM Block
- ☐ Lunch
- ☐ PM Block
- ☐ After School

Do you have public transportation available in your neighborhood: (circle one)

Yes

No

If yes, what is the name of the public transportation line? _____

My Interests Include: (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Sports | <input type="checkbox"/> TV |
| <input type="checkbox"/> Computer/Video | <input type="checkbox"/> Playing Sports (check all that apply) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Games Movies | <input type="checkbox"/> Baseball | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Cooking/Eating Out | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cultural Events (check all that apply) |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Football | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Golf | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Hockey | <input type="checkbox"/> Museums |
| | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Soccer | <input type="checkbox"/> Outdoor Activities (check all that apply) |
| | <input type="checkbox"/> Softball | <input type="checkbox"/> Biking |
| | <input type="checkbox"/> Tennis | <input type="checkbox"/> Canoeing |
| | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Hiking |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Ice-skating |
| | <input type="checkbox"/> Watching Sports (check all that apply) | <input type="checkbox"/> Rollerblading |
| | <input type="checkbox"/> Baseball | <input type="checkbox"/> Walking |
| | <input type="checkbox"/> Basketball | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Football | |
| | <input type="checkbox"/> Golf | |
| | <input type="checkbox"/> Hockey | |
| | <input type="checkbox"/> Lacrosse | |
| | <input type="checkbox"/> Soccer | |
| | <input type="checkbox"/> Softball | |
| | <input type="checkbox"/> Tennis | |
| | <input type="checkbox"/> Volleyball | |
| | <input type="checkbox"/> Other | |

I am interested in the following career areas: (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospitality/Tourism | <input type="checkbox"/> Tech |
| | <input type="checkbox"/> Other |

Education

School Name: _____

Address: _____

(Number)

(Street)

(City)

(State)

(Zip)

Current School Year: _____ - _____ Current Grade: _____

Are you currently a Special Education student? (circle one) Yes No

Do you currently receive tutoring? (circle one) Yes No

Referral

If you were referred to this program, who referred you? (please check all that apply)

- ☐ Court
- ☐ Parent/guardian
- ☐ Other mentoring/community program
- ☐ Self referral
- ☐ Social worker
- ☐ Teacher
- ☐ Religion/faith

Prior Mentoring Experience

Program Name: _____

Date Started: _____ / _____
(Month) (Year)

Date Ended _____ / _____
(Month) (Year)

Comments:

Work Experience (current or most recent)

Organization Name: _____

Address: _____
(Number) (Street)

(City) (State) (Zip)

Job Title: _____

Date Started: _____ / _____ Date Ended _____ / _____
(Month) (Year) (Month) (Year)

Please list hours worked:

	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Supervisor Name: _____
(First name) (Last name)

Supervisor Phone: : (_____) _____ - _____

Supervisor Email: _____

Please Return Application To:
<please insert your organizations information here>